



PATIENT

Napa Arent

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years 4 Months

WEIGHT

18.9 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Bridget Hayes

INVOICE

12230

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Patient sedated with Gabapentin, Torb and Alfaxalone.

Coughing x 4 days. PE: moderately labored breathing, paradoxical respirations. Muffled lung sounds on R side. Heart sounds normal. MM pink, CRT = 1 sec. Mild entropion OD. Dental resorptive lesions. Current Medications: none

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): Fluid SG = 1.030, TP = 4.2 g/dL. Serous, with a pink tinge. Radiographic Findings (if applicable): pleural effusion

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	--	NM	0.45	1.5	0.46	44	76
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	NM	1.5	1.5		NM	NM	NM
Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. No evidence of pericardial effusion. Moderate to significant volume of mild echogenic pleural effusion. Areas of



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combined symmetrical homogenous consolidated lung with concurrent subjective asymmetrical lung exhibiting areas of air entrapment.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Mild to moderate asymmetrically congealed echogenic to focally hyperechoic urine sediment, mucus and mineral were present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

Spleen

The spleen was mildly enlarged (likely secondary to sedation), exhibiting a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.2 cm width level of the mid spleen.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized gravity dependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic ingesta exhibiting mild progressive distal acoustic shadowing, most suggestive of food echogenicity.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas



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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

No visualized significant omental lymphadenopathy, masses or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

SEX

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- Normal cardiac structure/function given sedation.
- Noncardiogenic pleural effusion.
- Symmetrical to subjective asymmetrical consolidated lung with lobar air entrapment.
- Congealed urinary bladder sediment/sand.
- Noncongested liver.
- Mild splenomegaly- secondary to sedation.
- Gastric ingesta- consistent with food echogenicity.
- Mild gallbladder debris (non-mucocele).

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

18.9 pounds

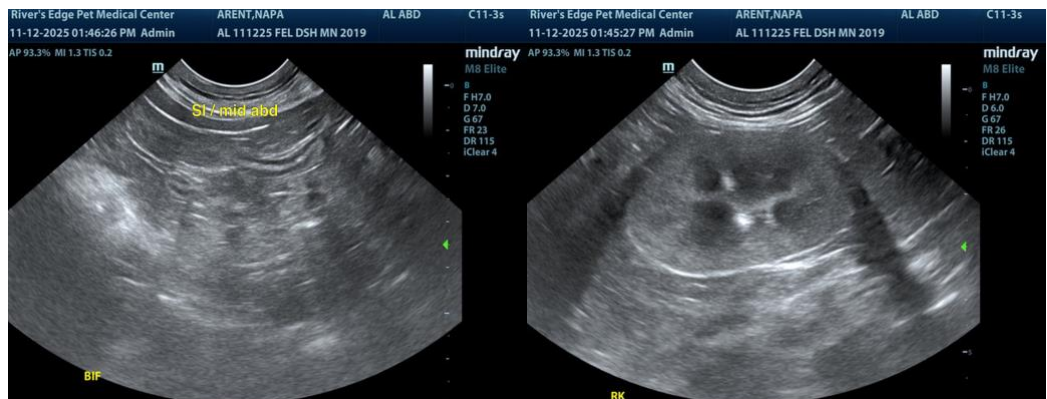
The pleural effusion is noncardiogenic in origin with considerations including primary pulmonary disease i.e. consolidation, torsion, pulmonary or intrathoracic neoplasia, pleuritis or other inflammatory etiologies with possible FIP or other. Pleural effusion analysis cytology +/- culture/sensitivity if evidence of inflammatory component in search of more definitive diagnosis is recommended. No evidence of primary intra-abdominal pathology as a contributing factor. Correlation with urinalysis and most recent meal ingestion is recommended. Thoracic CT may be considered for further assessment.

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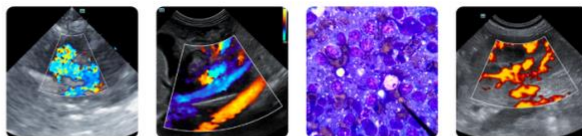
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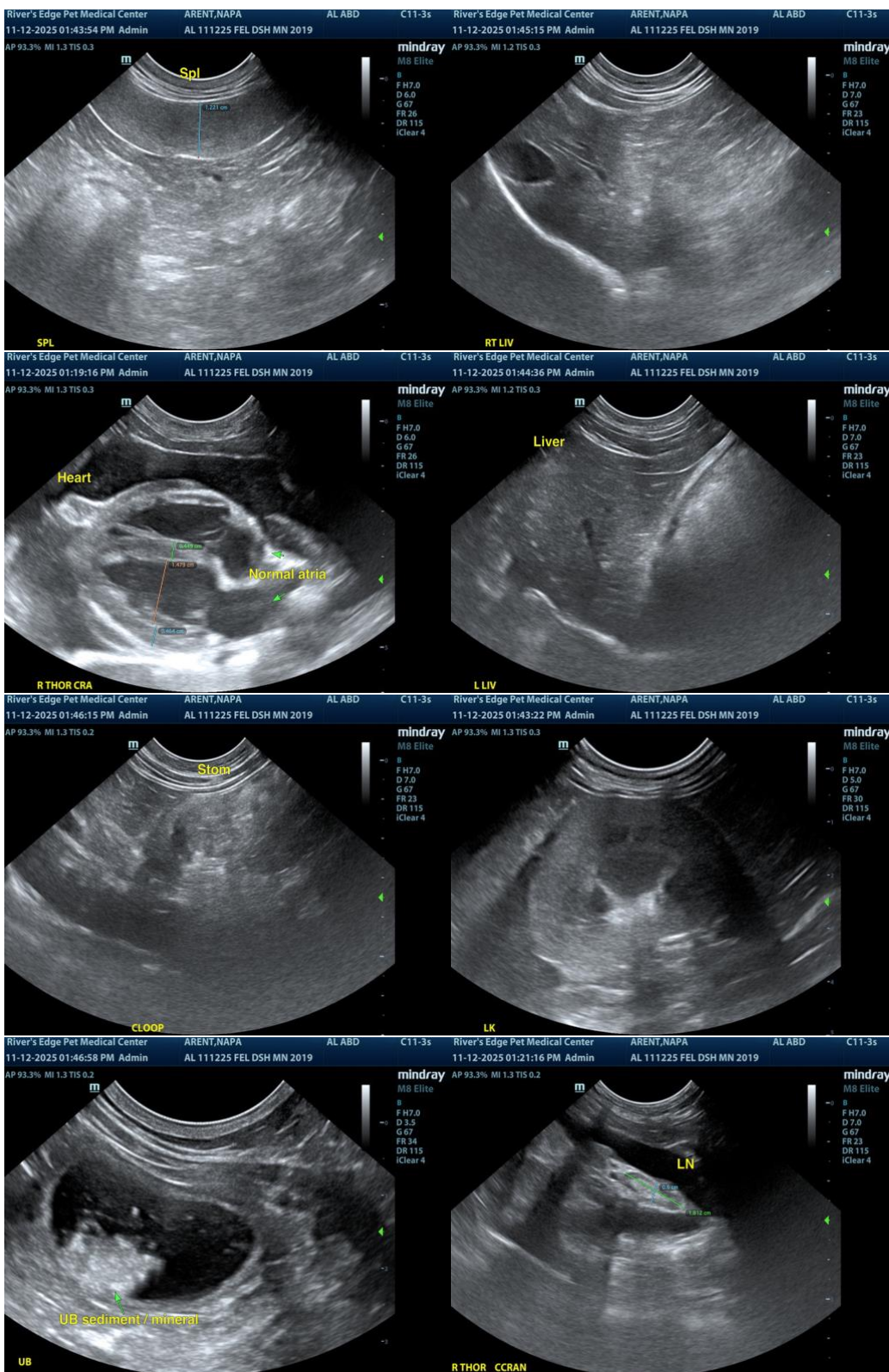
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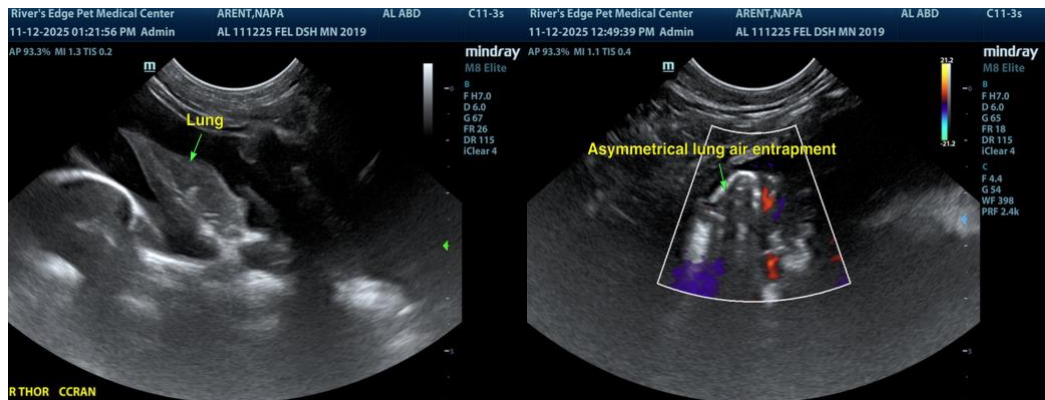
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com